# CLAIMS ONLY

| | | |
|---|---|---|
| **Application Number** 69492231 | **Filing Date** 1/20/00 | |
| **Applicant(s)** | | |

\* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | \* | | \* | | \* | |
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| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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# CLAIMS ONLY

| | Application Number | Filing Date |
|---|---|---|
| | **Applicant(s)** | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * | | * | | * | |
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| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | 4 | | | | Total Indep | | | | | | |
| Total Depend | | | 43 | | | | Total Depend | | | | | | |
| Total Claims | | | 47 | | | | Total Claims | | | | | | |